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CONFIRMATION NO. 1505

SERIAL NUMBER 10/718,248	FILING OR 371(c) DATE 11/20/2003 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.502
APPLICANTS Daniel John DiLorenzo, Ft. Washington, MD;				
** CONTINUING DATA ***** This appln claims benefit of 60/436,792 12/27/2002 * and claims benefit of 60/427,699 11/20/2002 and is a CON of 09/340,326 06/25/1999 PAT 6,366,813 which claims benefit of 60/095,413 08/05/1998 (*)Data provided by applicant is not consistent with PTO records.				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/22/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <u>SL</u> Examiner's Signature Initials	STATE OR COUNTRY MD	SHEETS DRAWING 38	TOTAL CLAIMS 194	INDEPENDENT CLAIMS 14
ADDRESS 021971				
TITLE Apparatus and method for closed-loop intracranial stimulation for optimal control of neurological disease				
FILING FEE RECEIVED 2489	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	